



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

QUALITY IMPROVEMENT PLAN

Effective Date: March 31, 2003

Policy #: QI-02

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- I. PURPOSE:** To provide a systematic hospital-wide process for evaluating quality of services provided at Montana State Hospital and for taking action to ensure performance is improved and problems are resolved when a need is indicated.
- II. POLICY:** The hospital's Quality Improvement efforts include the entire organization and involve staff at all levels and from every department.
- III. DEFINITIONS:**
 - A. Quality Improvement Plan – A document describing the hospital's major performance improvement activities, goals, and priorities for the fiscal year.
- IV. RESPONSIBILITIES:**
 - A. Director of Quality Improvement – responsible for coordinating development, implementation, and evaluation of the annual Quality Improvement Plan.
 - B. Quality Improvement Committee – responsible for approving the annual Quality Improvement Plan and providing input into its development, implementation and evaluation.
- V. PROCEDURE:**
 - A. The Quality Improvement Department in collaboration with the Quality Improvement Committee will develop an annual Quality Improvement Plan. The purpose of this plan is to provide guidance and structure for performance improvement activities affecting all departments and service units by: (1) establishing performance improvement goals, (2) setting priorities, (3) describing methods of measurement and analysis, (4) assigning responsibilities for performance improvement activities, and (5) working to resolve problems and address needs identified through performance improvement activities.
 - B. Evaluation of progress with the goals and priorities identified in the annual plan will occur throughout the year and may be adjusted as a need is indicated. A written report summarizing implementation of the plan and overall quality improvement activities at the hospital will be developed at the end of each fiscal year. This year-end evaluation will be submitted to the Medical Staff and Governing Body for planning and guidance.

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- VI. REFERENCES:** CMS 482.21, Condition of Participation: Quality Assurance
- VII. COLLABORATED WITH:** Hospital Administrator, Quality Improvement Committee
- VIII. RESCISSIONS:** #QI-02, *Quality Improvement Plan* dated July 12, 2001 and Policy #QI-01-98, *Quality Improvement Plan* dated May 19, 1998.
- IX. DISTRIBUTION:** All hospital policy manuals; Quality Improvement Committee Members
- X. REVIEW AND REISSUE DATE:** March 2006
- XI. FOLLOW-UP RESPONSIBILITY:** Director of Quality Improvement
- XII. ATTACHMENTS:** None

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Ed Amberg Date
Hospital Administrator

_____/____/____
Connie Worl Date
Director of Quality Improvement & Public Relations